Department of Aging

# **AREA PLAN BUDGET SUMMARY - BUDGETED COSTS**

CDA 122 (12/04) Page 1

## TITLE III ADMIN AND TITLE III PROGRAMS

BUDGET PERIOD:					[]ORIGINAL []R	EVISION NO.:	CONTRACT NO.:		DATE:	PSA NO.:
COST			(a)	Area Plan	(b) III B	(c) III C-1	(d) III C-2	(e) III D	(f) III E	(g) Total
CATEGORIES				Admin	Supportive Svcs	Congregate Nutr	Home Del Nutr	Disease Prev	Family Caregiver	Title III
		CASH								
1. Personnel	(+)	IN-KIND								
		CASH								
2. Staff Travel	(+)	IN-KIND								
3. Staff Training	(+)	CASH IN-KIND								
J. Otan Training	(')	CASH								
4. Equipment	(+)	IN-KIND								
4. Equipment	(+)	CASH								
5. Consultants	(+)	IN-KIND								
o. Ooriounalito	(')	CASH								
6. Food Costs	(+)	IN-KIND						1		
0000.0000	( ' /	CASH								
7. Other Costs	(+)	IN-KIND								
-	· /									
8. DIRECT AREA		CASH								
O. DINLOT ANLA		CASIT	1							
AGENCY COSTS	(=)	IN-KIND								
9. Indirect or Grantee		CASH								
Allocated Costs	(+)	IN-KIND								
-										
10. TOTAL AREA		CASH								
AGENCY COSTS	(=)	IN-KIND								
11. Contracted		CASH								
Services Costs	(+)	IN-KIND								
12. TOTAL TITLE III		CASH								
00070	, ,									
COSTS	. ,	IN-KIND								
13. TOTAL CASH & IN-	KIND									
					AREA	PLAN BUDGET APP	ROVAL			
						FOR STATE USE ONLY				
Fiscal Specialist Approva	al					Date	Fiscal Coach Verifica	ation		Date

## **AREA PLAN BUDGET SUMMARY - BUDGETED COSTS**

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TITLE III, TITLE VII, AND COMMUNITY BASED SERVICES PROGRAMS (CBSP)

			LE III, IIILE V	<u> </u>			OGNANDO		
BUDGET PERIOD:				[]ORIGINAL []RE		CONTRACT NO.:		DATE:	PSA NO.:
COST			(a) VII	(b) VII	(c) Total	(d) Total Title III	(e) Total	(f) Community	(g) Total
CATEGORIES			Ombudsman	Elder Abuse Prev	Title VII	(Page 1 Col (g))	Title III & VII	Based Services	III, VII, & CBSP
		CASH				(0)/			
1. Personnel	(+)	IN-KIND							
		CASH							
2. Staff Travel	(+)	IN-KIND							
	` '	CASH							
<ol><li>Staff Training</li></ol>	(+)	IN-KIND							
		CASH							
4. Equipment	(+)	IN-KIND							
		CASH							
5. Consultants	(+)	IN-KIND							
		CASH							
6. Food Costs	(+)	IN-KIND	4						
<u> </u>	(.,	CASH							
7. Other Costs	(+)	IN-KIND							
7. Guier Gosto	(')	IIV IVIIVE							
8. DIRECT AREA		CASH							
AGENCY COSTS	(=)	IN-KIND							
<ol><li>Indirect or Grantee</li></ol>		CASH							
Allocated Costs	(+)	IN-KIND							
10. TOTAL AREA		CASH							
AGENCY COSTS	(=)	IN-KIND							
11. Cost of Contracted		CASH							
Services	(+)	IN-KIND							
	. ,								
12. TOTAL AREA		CASH							
-									<del> </del>
PLAN COSTS	(=)	IN-KIND							
13. TOTAL CASH & IN-I	. ,	1							<del> </del>
10. TOTAL CASH & IN-	MIL								<u> </u>

Department of Aging

# AREA PLAN BUDGET SUMMARY - BUDGETED FUNDING

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TITLE III, VII, & COMMUNITY BASED SERVICES PROGRAMS (CBSP)

		TITLE III, VII, (			VICES PROGRA	AM2 (CB2b)		
BUDGET PERIOD:			[]ORIGINAL []R		CONTRACT NO.:		DATE:	PSA NO.:
SECTION A		(a) Area Plan	(b) III B	(c) III C-1		(e) III D	(f) III E	(g) Total
FUNDING SOURCES		Admin	Supportive Svcs	Congregate Nutr	Home Del Nutr	Disease Prev	Family Caregiver	Title III
1. Program Income	CASH							
2. NSIP	CASH							
3. Non-Matching	CASH							
Contributions	IN-KIND							
4. State Funds	CASH							
5. Matching	CASH							
Contributions	IN-KIND	500000000000000000000000000000000000000					**	
6. Federal Funding Grandparent	CASH							
7. Federal Funding Other	CASH							
8. TOTAL TITLE III	CASH							
FUNDING	IN-KIND							
9. TOTAL CASH & IN-KIND								
SECTION B		(h) VII	(i) VII	(j) Total	(k) Total Title III	(I) Total	(m) Community	(n) Total
FUNDING SOURCES		Ombudsman	Elder Abuse Prev	Title VII	(Page 3 Col (g))	Title III & VII	Based Services	III, VII, & CBSP
10. Program Income	CASH							
11. NSIP	CASH							
12. Non-Matching	CASH							
Contributions	IN-KIND							
13. State Funds	CASH							
14. Matching	CASH							
Contributions	IN-KIND							
15. Federal Funding Grandparent	CASH							
16. Federal Funding Other	CASH							
17. TOTAL AREA	CASH							
PLAN FUNDING	IN-KIND							
18. TOTAL CASH & IN-KIND								
SECTION C		<u>'</u>		1	<u> </u>		1	
MINIMUM N	MATCHING	REQUIREMENTS						
		(a) Area Plan	(b) Title III B, C,	(c) Title III E	(d) Total Min	1		
ITEM		Admin	& D Programs	Programs	Matching	ĺ		
Costs to be Matched			- 3 - 4	J		1		
Required Matching Percentages	<u> </u>	25%	10.53%	25%				
3. Minimum Required Match		2070	10.0070	2070				
4. Required Local Public Agencie	es Matchine	g = Line 3 x 25%	i			1		
1					1	<u> </u>		

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## MATCHING CONTRIBUTIONS, TRANSFERS, ADEQUATE PROPORTION, & IIIB ONE-TIME-ONLY

BUDGET PERIOD:		•	[] REVISION N		CONTRACT NO.:	DATE:		PSA NO.:
SECTION A		,,,,	.,		SECTION D			
MATCHING CONTRIBUTIONS								
Source		Cash	In-Kind	Total	ADEQUATE PROPORTION CA	ALCULATION FOR F	RIORITY SER	VICES
					ITEM			Amount
_					1. Total Supportive Services	Federal Share		
TOTAL					Page 8 Column (h)  2. Less III B Ombudsman Fe	doral Sharo	(+)	)
SECTION B							( )	
LOCAL PUBLIC AGENCIES MATC	HINC CONTRI	DUTIONS			Page 8 Column (h) Direct ar  3. Less III B One-Time-Only	id Contracted	(-)	)
Source	HING CONTRI	Cash	In-Kind	Total	Page 8 Column (h) Direct ar	nd Contracted	(-)	
Source		Casii	III-KIIIU	Total	4. Equals III B Supportive Se		(-,	/ <u> </u>
					Base Allocation	I VICES	(=)	
-					Priority Services	Federal	% of	Approved
					(Do not include OTO)	Share	Base*	Percentage^
TOTAL					5. Information & Assistance			g-
SECTION C		•	•	•	6. Case Management			
TRANSFER OF FUNDS (Do not in	cludo OTO)				7. Assisted Transportation			
TRANSPER OF TONDS (BUTIOUIII	Current		1	New	8. Transportation			
	Budget			Budget	9. Outreach			
Federal Funds	Display	Increase	Decrease	Display	10. Total Access			
1. III B Admin	Diopiay	morodoo	20010000	Βίοριας	11. Personal Care			
2. III C-1 Admin					12. Homemaker			
3. III C-2 Admin					13. Chore			
4. III B Ombudsman					14. Visiting			
5. III B Program					15. In-Home Respite			
6. III C-1 Program					16. Alzheimer's Day Care			
7. III C-2 Program					17. Minor Home Modification			
8. NSIP C-1 Congr Program					18. Total In-Home			
9. NSIP C-2 Home Del Program					19. Legal Assistance			
State Funds					* Total Federal Share Divided b	y III B Base (line 4)		
10. State B Ombudsman					^ As Approved in the Area Plan	1		
11. State B Other Program					SECTION E			
12. State C-1 Admin					III B ONE-TIME-ONLY ALLOCA	ATIONS (List Progra	ms and Amoun	ts):
13. State C-1 Program								
14. State C-2 Admin								
15. State C-2 Program								
16.State D Program								
CBSP Funds								
17. ADCRC								
18. Brown Bag								
19. Linkages								
20. Respite POS								
21. Senior Companion								
22. CBSP Admin								

## TITLE III PROGRAMS-ADMIN & DIRECT SERVICES

POSITION Annual CLASSIFICATION Wage Rate							AIVIO-	ADMINA		CECT SE	<u> </u>	<u>, L                                   </u>				
POSITION Annual CLASSIFICATION Wage Rate	BUDGET PERIOD:		[] OR	IGINAL [] F	REVISI	ON NO.:			CONT	RACT NO.:			DATE			PSA NO.:
TOTAL SALARIES  PAYROLL TAXES  PAYROLL TAXES  POTAL PAID  PARCE  POTAL PAID  PARCE  POTAL PAID  PARCE  POTAL PAID  PARCE  PARCE	POSITION	Annual						Direct		Direct		Direct		Direct		Total
TOTAL SALARIES  PAYROLL TAXES  PAYROLL TAXES  PAYROLL TAXES  POTAL PAID  PARTICIPATE  PAYROLL TAXES	CLASSIFICATION	Wage Rate	%	Admin	%	III B	%	III C-1	%	III C-2	%	III D	%	III E	%	Title III
PAYROLL TAXES EMPLOYEE BENEFITS FOTAL PAID																
PAYROLL TAXES EMPLOYEE BENEFITS FOTAL PAID																
PAYROLL TAXES EMPLOYEE BENEFITS FOTAL PAID																
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PAYROLL TAXES EMPLOYEE BENEFITS FOTAL PAID																
PAYROLL TAXES EMPLOYEE BENEFITS FOTAL PAID																
EMPLOYEE BENEFITS FOTAL PAID	TOTAL SALARIES															
EMPLOYEE BENEFITS FOTAL PAID	5.00															
BENEFITS FOTAL PAID																<b></b>
TOTAL PAID																
PERSONNEL COSTS	TOTAL PAID										,					
	PERSONNEL COSTS															

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#### TITLE VIL& COMMUNITY BASED SERVICES PROGRAM (CBSP) DIRECT SERVICES

	IIILE VII 8	<u> </u>	MMUNI	IYE	SASED S	EK	/ICES PI	<b>KO</b> 6	RAM (C	BSF	) DIRECT	SER	VICES		
BUDGET PERIOD:		[]0	RIGINAL []	REVI				CON	TRACT NO.			DAT			PSA NO.:
POSITION	Annual		Direct		Direct		Total		Total		Total		Direct		Total III,
CLASSIFICATION	Wage Rate	%	VII A	%	VII B	%	Title VII	%	Title III	%	III & VII	%	CBSP	%	VII, & CBSP
_															
TOTAL SALADIES															
TOTAL SALARIES															
PAYROLL TAXES															
EMPLOYEE						-				-					
BENEFITS															
														-	
TOTAL PAID															
PERSONNEL COSTS															

## SCHEDULE OF IN-KIND PERSONNEL COSTS

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# TITLE III, VII, & COMMUNITY BASED SERVICES PROGRAM (CBSP)

DOTAL SALARIES   PAYROLL TAXES   POSITION   Mage Rate   Mage Rat		111				IIVIOIVII	<u> </u>	TOLD OL				CAIN (OB				
CLASSIFICATION   Wage Rate   %   Admin   %   III B   %   III C-1   %   III C-2   %   III D   %   III E   %   Title III	BUDGET PERIOD:		[]0	RIGINAL []	REVI				CON		:		DATE			PSA NO.:
TOTAL SALARIES PAYROLL TAXES POSITION Annual CLASSIFICATION Wage Rate % VII A % VII B % Title VII % Title III % III & VII % CBSP % VII, & CBSP  TOTAL SALARIES PAYROLL TAXES  FOR TOTAL INCIDENCE DESCRIPTION AND AND AND AND AND AND AND AND AND AN		Annual										Direct				
PAYROLL TAXES EMPLOYEE BENEFITS  TOTAL IN-KIND PERSONNEL COSTS  POSITION Annual CLASSIFICATION Wage Rate % VII A % VII B % Title VII % Title III % III & VII & % III & VII & % VII, & CBSP % VII, & CB	CLASSIFICATION	Wage Rate	%	Admin	%	III B	%	III C-1	%	III C-2	%	III D	%	III E	%	Title III
PAYROLL TAXES EMPLOYEE BENEFITS  TOTAL IN-KIND PERSONNEL COSTS  POSITION Annual CLASSIFICATION Wage Rate % VII A % VII B % Title VII % Title III % III & VII & % III & VII & % VII, & CBSP % VII, & CB																
PAYROLL TAXES EMPLOYEE BENEFITS  TOTAL IN-KIND PERSONNEL COSTS  POSITION CLASSIFICATION Wage Rate  Wage Rate  Will A  Wage Rate  Will A  Wage Rate  Will A  Wi																
PAYROLL TAXES EMPLOYEE BENEFITS  TOTAL IN-KIND PERSONNEL COSTS  POSITION CLASSIFICATION Wage Rate  Wage Rate  Will A  Will A  Will A  Will B  Will A  Will B																
PAYROLL TAXES EMPLOYEE BENEFITS  TOTAL IN-KIND PERSONNEL COSTS  POSITION CLASSIFICATION Wage Rate  Wage Rate  Will A  Will A  Will A  Will B  Will A  Will B																
PAYROLL TAXES EMPLOYEE BENEFITS  TOTAL IN-KIND PERSONNEL COSTS  POSITION CLASSIFICATION Wage Rate  Wage Rate  Will A  Will A  Will A  Will B  Will A  Will B			-													
PAYROLL TAXES EMPLOYEE BENEFITS  TOTAL IN-KIND PERSONNEL COSTS  POSITION CLASSIFICATION Wage Rate  Wage Rate  Will A  Will A  Will A  Will B  Will A  Will B														<b></b>	ł	
PAYROLL TAXES EMPLOYEE BENEFITS  TOTAL IN-KIND PERSONNEL COSTS  POSITION Annual CLASSIFICATION Wage Rate % VII A % VII B % Title VII % Title III % III & VII % CBSP % VII, & CBSP  TOTAL SALARIES PAYROLL TAXES EMPLOYEE BENEFITS			4												1	
PAYROLL TAXES EMPLOYEE BENEFITS  TOTAL IN-KIND PERSONNEL COSTS  POSITION Annual CLASSIFICATION Wage Rate % VII A % VII B % Title VII % Title III % III & VII % CBSP % VII, & CBSP  TOTAL SALARIES PAYROLL TAXES EMPLOYEE BENEFITS			4												1	
PAYROLL TAXES EMPLOYEE BENEFITS  TOTAL IN-KIND PERSONNEL COSTS  POSITION Annual CLASSIFICATION Wage Rate % VII A % VII B % Title VII % Title III % III & VII % CBSP % VII, & CBSP  TOTAL SALARIES PAYROLL TAXES EMPLOYEE BENEFITS			4												1	
PAYROLL TAXES EMPLOYEE BENEFITS  TOTAL IN-KIND PERSONNEL COSTS  POSITION Annual CLASSIFICATION Wage Rate % VII A % VII B % Title VII % Title III % III & VII % CBSP % VII, & CBSP  TOTAL SALARIES PAYROLL TAXES EMPLOYEE BENEFITS			4												1	
PAYROLL TAXES EMPLOYEE BENEFITS  TOTAL IN-KIND PERSONNEL COSTS  POSITION Annual CLASSIFICATION Wage Rate % VII A % VII B % Title VII % Title III % III & VII % CBSP % VII, & CBSP  TOTAL SALARIES PAYROLL TAXES EMPLOYEE BENEFITS	TOTAL OALABIED		-													
EMPLOYEE BENEFITS  TOTAL IN-KIND PERSONNEL COSTS  POSITION Annual Wage Rate															-	
TOTAL IN-KIND PERSONNEL COSTS  POSITION Annual Wage Rate			4												1	
POSITION CLASSIFICATION Wage Rate % VII A % VII B % Total Title VII % Total Title III % III & VII & % Direct CBSP % VII, & CBSP														<b></b>	ļ	
CLASSIFICATION         Wage Rate         %         VII A         %         VII B         %         Title VII         %         Title III         %         III & VII         %         CBSP         %         VII, & CBSP		L COSTS														
TOTAL SALARIES PAYROLL TAXES EMPLOYEE BENEFITS		Annual														
PAYROLL TAXES EMPLOYEE BENEFITS	CLASSIFICATION	Wage Rate	%	VII A	%	VII B	%	Title VII	%	Title III	%	III & VII	%	CBSP	%	VII, & CBSP
PAYROLL TAXES EMPLOYEE BENEFITS																
PAYROLL TAXES EMPLOYEE BENEFITS																
PAYROLL TAXES EMPLOYEE BENEFITS																
PAYROLL TAXES EMPLOYEE BENEFITS																
PAYROLL TAXES EMPLOYEE BENEFITS																
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PAYROLL TAXES EMPLOYEE BENEFITS																
PAYROLL TAXES EMPLOYEE BENEFITS																
EMPLOYEE BENEFITS																
	PAYROLL TAXES															
TOTAL IN-KIND PERSONNEL COSTS	EMPLOYEE BENEFITS															
	TOTAL IN-KIND PERSONNE	L COSTS														

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## SCHEDULE OF SUPPORTIVE SERVICES (III B)

				SUPPORTIV				
BUDGET PERIOD:		] REVISION NO		CONTRACT N	IO.:	DATE:		PSA NO.:
	(a) Total	(b)		Matching	(e)		tching	(h)
	Budgeted	Program		ributions	State		ributions	Federal
SERVICE CATEGORIES	Costs	Income	(c) Cash	(d) In-Kind	Funds	(f) Cash	(g) In-Kind	Share
PART I		-		DIRECT S	ERVICES			
Program Development								
Coordination								
TOTAL DIDECT III D CEDVICES								
TOTAL DIRECT III B SERVICES		<u>l</u>						
PART II				CONTRACTE	D SERVICES			
Personal Care (In-Home)*								
Homemaker (In-Home)*								
Chore (In-Home)*								
Adult Day/Health Care (In-Home)*								
Case Management (Access)*								
Assisted Transportation (Access)*								
Transportation (Access)*								
Legal Assistance*								
Information & Assistance (Access)*								
Outreach (Access)*								
Other Services:		-						
a. Housing								
b. Alzheimer's Day Care (In-Home)*								
c. Security/Crime								
d. Health								
e. Mental Health								
f. Comm Svcs/Senior Center Mgt								
g. Employment								
h. Consumer								
i. Visiting (In-Home)*								
j. In-Home Respite (In-Home)*								
k. Minor Modification (In-Home)*								
I.								
Ombudsman								
TOTAL CONTRACTED III B SERVICES								
TOTAL III B SUPPORTIVE SERVICES								

<sup>\*-</sup>Denotes Priority Services Category

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# SCHEDULE OF NUTRITION (III C-1 & III C-2) & DISEASE PREVENTION (III D) PROGRAMS

BUDGET PERIOD:		[] ORIGINAL	[] REVISION NO		CONTRACT N		DATE:		PSA NO.:
	(a) Total	(b)	(c)	Non	-Matching	(f)	N	1atching	(i)
	Budgeted	Program		Cor	ntributions	State	Coi	ntributions	Federal
PROGRAMS	Costs	Income	NSIP	(d) Cash	(e) In-Kind	Funds	(g) Cash	(h) In-Kind	Share
III C-1									
Congregate Meals		I		I					
Nutrition Counseling									
Nutrition Education									
Total III C-1									
				***************************************		***************************************			
III C-2 Home Delivered Meals		1	-	1	1	1	4		
Nutrition Counseling									
Nutrition Education									
Nutrition Education			+			+	+		
Γotal III C-2									
III D	1	1	I	T		1	ı		
Nutrition Counseling									
Nutrition Education									
Disease Prev & Health Promotion									
Medication Management			1						
Γotal III D									

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## SCHEDULE OF DIRECT CAREGIVER SUPPORT SERVICES (III E)

BUDGET PERIOD:		[] ORIGINAL [	] REVISION NO.:		CONTRACT NO		DATE:	PSA NO.:
	(a) Total	(b)		/latching	(e)		Matching	(h)
	Budgeted	Program	Contr	ibutions	State	Co	ntributions	Federal
SERVICE CATEGORIES	Costs	Income	(c) Cash	(d) In-Kind	Funds	(f) Cash	(g) In-Kind	Share
Outreach		1	1	ı		::I	ı	ı
Community Education								
Total Service Information				+				
Total Service Illiorniation								
Information & Assistance								
Comprehensive Assessment								
Case Management								
Transportation								
Assisted Transportation								
Total III E Access								
Counseling								
Caregiver Support Group								
Caregiver Training								
Total Caregiver Support								
III E Respite Care Services								
Min and Laura Markification				1		88 <b>.</b>		1
Minor Home Modification Placement								
Homemaker								
Chore								
Home Security and Safety Visiting				1				
Assistive Devices								
Home Delivered Meals								
Legal Assistance		-						
Other:*								
Other:*				1				
Total Supplemental Services								
TOTAL III E								
DIRECT SERVICES								

<sup>\* -</sup> Requires Prior Approval From CDA

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SCHEDULE OF CONTRACTED CAREGIVER SUPPORT SERVICES (III E)

DUDGET DEDICE	SCHEDULI				JPPORT SER			IDOA NO
BUDGET PERIOD:	(a) Total	[] ORIGINAL [ (b)	] REVISION NO.	: -Matching	(e)		DATE: Matching	PSA NO.: (h)
	Budgeted	Program		tributions	State		ontributions	Federal
SERVICE CATEGORIES	Costs	Income	(c) Cash	(d) In-Kind	Funds	(f) Cash	(g) In-Kind	Share
			1(4)	1(-/		14.7	1(9/	
Outreach								
Community Education								
Total Service Information								
Information & Assistance								
Comprehensive Assessment						333 333 333		
Case Management								
Transportation								
Assisted Transportation								
Total III E Access								
								,
Counseling						0.00 0.00 0.00 0.00 0.00 0.00		
Caregiver Support Group								
Caregiver Training								
Total Caregiver Support								
III E Respite Care Services								
							<u> </u>	
Minor Home Modification								
Placement								
Homemaker								
Chore								
Home Security and Safety								
Visiting								
Assistive Devices								
Home Delivered Meals								
Legal Assistance								
Other:*								
Other:*								
Total Supplemental Services								
TOTAL III E						500 500 500 500 500		
CONTRACTED SERVICES								
TOTAL III E DIRECT &								
CONTRACTED SERVICES								1

<sup>\* -</sup> Requires Prior Approval From CDA

## SCHEDULE OF CAREGIVER SUPPORT SERVICES (III E) CONTRACTORS

BUDGET PERIOD:		[]ORIGINAL []	REVISION NO.:		CONTRACT NO	D.:	DATE:		PSA NO.:
		(a)	(b)		Matching	(e)	Ma	atching	(h)
SERVICE PROVIDER		Total			ributions			tributions	
	Service	Budgeted	Program	(c)	(d)	State	(f)	(g)	Federal
CONTRACT NUMBER	Provided	Costs	Income	Cash	In-Kind	Funds	Cash	In-Kind	Share
								+	+
TOTAL III E CONTRACTED S	EDVICES								
TOTAL III E CONTRACTED S	EKVICES								

## SCHEDULE OF COMMUNITY BASED SERVICES PROGRAM (CBSP)

BUDGET PERIOD:	ORIGINAL [	REVISION NO.:		CONTRACT N	DATE: PSA NO.:		
DODGET / EINOD.	(a) Total	(b)	Non-Matching Contributions		(e)	Matching Contributions	
	Budgeted	Program			State		
PROGRAMS	Costs	Income	(c) Cash	(d) In-Kind	Funds	(f) Cash	(g) In-Kind
PART I		•	DIRECT S	ERVICES	•		
Linkages							
Senior Companion							
Brown Bag Program							
Respite Purchase of Service (RPOS)							
ADCRC							
Total Direct Services							
PART II			CONTRACTE	D SERVICES			
Linkages							
Senior Companion							
Brown Bag Program							
Respite Purchase of Service (RPOS)							
ADCRC							
Total Contracted Services							
Total Direct & Contracted							
Community Based Services Programs							

#### OTHER PROGRAMS ADMINISTERED BY THE AREA AGENCY

BUDGET PERIOD: [] ORIGINAL [] REVISION NO.:   CONTRACT NO.:   DATE:   PSA NO.:												
BUDGET PERIOD:			] REVISION NO			CONTRACT NO.:		DATE:				
Funding Source		(a) Title III	(b) Title VII	(c) Community Based Services	(d)	(e)	(f)	(g)	(h) Total			
Local Funds	CASH											
Local Funds	IN-KIND											
State Funds	CASH											
Federal Funds	CASH											
Total Funds												
Funding Source												
Local Funds	CASH											
Local Funds	IN-KIND											
State Funds	CASH											
Federal Funds	CASH											
Total Funds												